LDL Cholesterol Information Form

The following information form should be completed carefully and accurately. This information will be used to prepare your Certificate of Traceability.

- Please photocopy this blank form and retain it for future submissions.
- Please prepare a copy of your data and retain it for laboratory records.

For registered products, please indicate preferred designation: Registered Trademark ® or Trademark ™.

Laboratory Name

Laboratory Address

Contact Name Phone

Email Address Fax

Send Bill To

(If different from above.)

PO Number

Date Specimens Sent Date Specimens Received Comparision Date

Instrument		Reagent	
Manufacturer		Manufacturer	
Trade Name		Trade Name	
Model Number		Lot Number(s)	
Separation Method		Calibrator	
Separation Method		Manufacturer	
Precipitation Method		Trade Name	
Manufacturer		Lot Number(s)	
Trade Name		Calibrator Set Point(s)	
Lot Number		Matrix/Sample Type	
Homogeneous Method	I	Matrix/Sample Type	
Homogeneous Method		Anticoagulant (If Applicable)	
Principle		Concentration	

CRMLN Laboratory: Complete this section and send the form to Mahnaz Dasti at CDC.

Fax: (770) 488-4192, Email: mdasti@cdc.gov

CRMLN Laboratory Name

Date of Data Analysis Date Report Received Date Certificate Sent

Director's Signature Check One: Passed Failed

LDL Cholesterol Fresh Sample Comparison Results Form

Please photocopy this blank form and retain it for future comparisons.

Run #1	Date	
ID Number	Result #1	Result #2
Run #3	Date	
ID Number	Result #1	Result #2
12 116		
	D 4	
Run #5	Date	D " "0
ID Number	Result #1	Result #2

Run #2	Date	
ID Number	Result #1	Result #2
Run #4	Date	
ID Number	Result #1	Result #2
Run #6	Date	T
ID Number	Result #1	Result #2

Questions about this protocol should be directed to the CRMLN Laboratory.

LDL Cholesterol Specimen Distribution Form

The following chart is supplied to assist you (or the off-site laboratory which supplies you with sera) in selecting specimens that will adequately cover the concentration ranges recommended by this protocol. [This form is provided as an aid; it is not necessary to return it to the CRMLN laboratory.]

Please photocopy this blank form and retain it for future comparisons.

LDL Cholesterol Specimen Distribution

Concentration (mg/dL)	< 120	121-139	140-169	170-400
Number Needed	(8)	(12)	(12)	(8)
	1.	1.	1.	1.
	2.	2.	2.	2.
	3.	3.	3.	3.
	4.	4.	4.	4.
	5.	5.	5.	5.
	6.	6.	6.	6.
	7.	7.	7.	7.
	8.	8.	8.	8.
		9.	9.	
		10.	10.	
		11.	11.	
		12.	12.	

Quality Control Results Form for LDL Cholesterol

Report single analyses of any quality control material with a LDL cholesterol concentration of 130 – 160 mg/dL (recommended). Data must be obtained with the analytical system under evaluation and must include the runs used in the split sample comparison.

Please photocopy this blank form and retain it for future comparisons.

Run Number	Date	Result
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		